

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17621

FILED JUN 8 1944

State File No.

Registration District No. 77

Primary Registration District No. 3008

Registrar's No. 176

1. PLACE OF DEATH: *Callaway*
(a) County *Callaway*
(b) City or town *Fulton*
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: *1*
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
in this community years, months or days)

3. (a) PRINT FULL NAME *Mrs. Vicie L. Chambers*
(b) If veteran, name war
(c) Social Security No. *None*
4. *Female* 5. Color or race *Negro*
6. (a) *3* (b) *Divorced*
(c) *None*
7. Birth date of deceased *April 20 - 1880*
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
64 0 26 hr. min.

9. Birthplace *Callaway Co., Missouri*
(City, town or county) (State or foreign country)

10. Usual occupation *House Work*

11. Industry or business

12. Name *Benjamin Holland*

13. Birthplace *Missouri*
(City, town or county) (State or foreign country)

14. Maiden name *Charity*

15. Birthplace *Missouri*
(City, town or county) (State or foreign country)

16. (a) Informant *Mrs. Josephine Jones*

(b) Address *841 Westminster, Fulton, Mo.*

17. (a) *Burial* (b) Date thereof *May 18-44*
(Place, church, etc.) (Month) (Day) (Year)

Place: burial or cremation *South Side Cem. Fulton, Mo.*

(a) Signature of funeral director *Eli Bell*

(b) Address *Fulton, Mo.*

(c) *May 18-44* (d) *Joe V. ...*
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State *Missouri* (b) County *Callaway*
(c) City or town *Fulton*
(If outside city or town limits, write "RURAL")
(d) Street No. *841 Westminster*
(If rural, give location)
(e) Citizen of foreign country? *No* (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month *May* day *16*
year *1944* hour *12* minute *30* A. M.

21. I hereby certify that I attended the deceased from *Mar 15* 19*44* to *May 15* 19*44*
that I last saw her alive on *May 15* 19*44*
and that death occurred on the date and hour stated above.

Immediate cause of death *Bronchial pneumonia*
Due to *Heart failure*
Due to *Coar of Calcium*

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations *none*
Of autopsy *none*

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
Means of injury

23. Signature *John J. Brown* (M. D. or other)
Address *Fulton, Mo.* Date signed *5/17/44*

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 6-7-44

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, only

....., Registered Apprentice No.

working under my personal supervision.

Signed Eli Bell

Licensed Embalmer No. 2130

P. O. Address Fulton, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.